



# Jo Marshall Memorial Scholarship Fund Application

Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone # \_\_\_\_\_ Email Address \_\_\_\_\_

Name and address of Nevada institute of higher learning where you are currently enrolled:

\_\_\_\_\_

Date of Enrollment \_\_\_\_\_ Are you seeking a degree? Yes\_\_\_ No\_\_\_  
 Have you carried 12 credits in the semester prior to 9/1/2019? Yes\_\_\_ No\_\_\_  
 Based on university standards, are you considered a: Sophomore\_\_\_, Junior\_\_\_, Senior\_\_\_ or  
 Graduate Student\_\_\_  
 Are you a registered Republican? Yes\_\_\_ No\_\_\_  
 List Honors/Awards/Special Recognitions \_\_\_\_\_

Are you a resident of Nevada? Yes\_\_\_ No\_\_\_  
 Are you an NvFRW Club member? Yes\_\_\_ No\_\_\_ If Yes, name of NvFRW club membership \_\_\_\_\_

**All applications must have the following attachments for further consideration:**

- ❖ An official/current university transcript and proof of current registration
- ❖ Two letters of recommendation from non-relatives
- ❖ A biographical essay describing a significant achievement; and a time when you grew as a person

***The above statements are true and correct to the best of my knowledge.***

**Applicant's signature X** \_\_\_\_\_ **Date** \_\_\_\_\_

Name of sponsoring club - Carson City Republican Women

Signature of CCRW President and/or 1st Vice President  
 X \_\_\_\_\_ Date \_\_\_\_\_  
 X \_\_\_\_\_ Date \_\_\_\_\_

Submit this application before the deadline of August 15, 2019, to:  
**Sylvia Divita** | Jo Marshall Scholarship Chair | PO Box 250 Carson City, NV 89702